

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | D. NO.  | DATE     |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION         |          |         |          |
| O.I.P.E. CLASSIFIER       |          | 21      | 1/13/01  |
| FORMALITY REVIEW          | BZ       | TCJ-883 | 01-23-01 |
| RESPONSE FORMALITY REVIEW |          |         |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date   |
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| Final Original |        |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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